

# **Delayed transfers of care update for Bury**

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# Definition of DTOC

The following definition of a DTOC is taken from the recently revised guidance from NHS England, Monthly Delayed Transfer of Care Situation Reports Definitions and Guidance version 1.09, section 3, October 2015 (publications Gateway Reference 04122)

A SitRep delayed transfer of care from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is still occupying a bed.

A patient is ready for transfer when:

A clinical decision has been made that patient is ready for transfer

**AND**

A multi-disciplinary team decision has been made that patient is ready for transfer

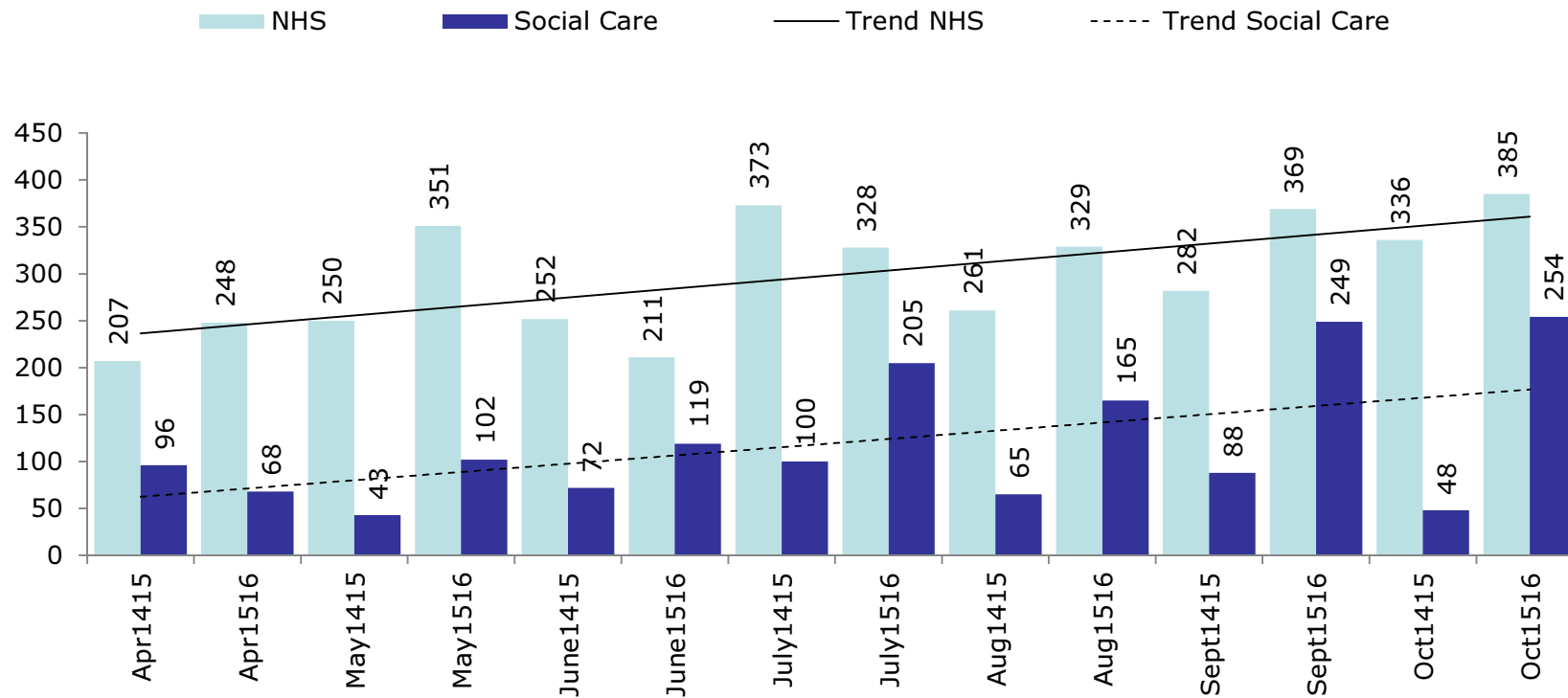
**AND**

c. The patient is safe to discharge/transfer.

# DTOC 14/15 & 15/16

## Delays by Responsible Organisation

### Bury



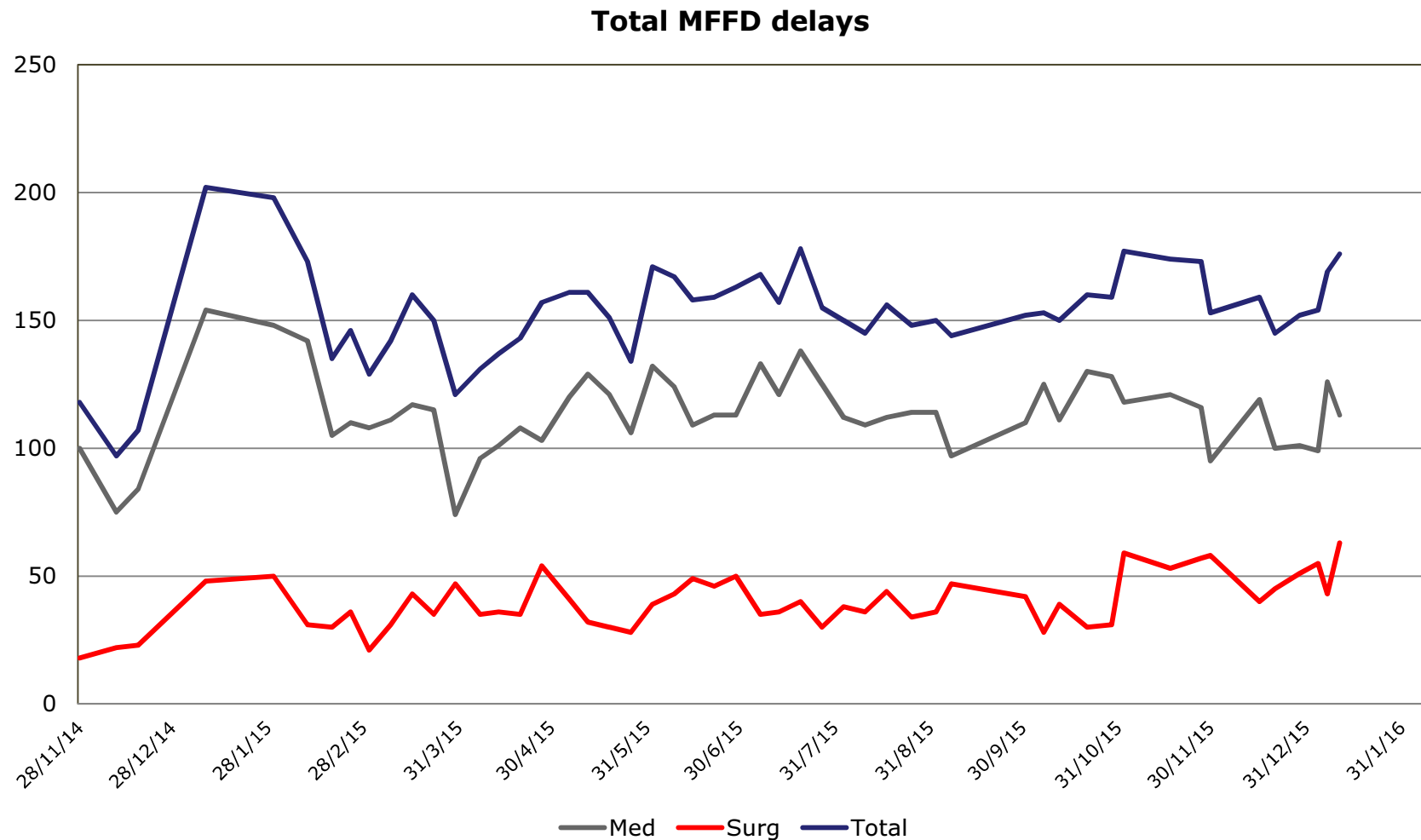
- **Summary**
- **639 Bed Days were lost due to delays in October for Bury LA Patients. This is the 4th highest in GM and a 66.4% increase when compared to last October and a 3.4% increase from last month.**
- **Delayed days are increasing month on month, whereas 14/15 to M7 was fairly static**
- **The following reasons are the main contributors to the delayed days and have seen an increase in trend:**
- **222 days we lost due to delays for Awaiting Care Package in Own Home**
- **197 days we lost due to delays in Waiting for Further NHS Non Acute Care**

# Medically fit for discharge

*A patient that is medically fit for discharge is where a clinical decision has been made that the patient is ready to transfer. This is from a medical perspective only (usually the consultant or team that the patient is under). The patient therefore has not had a MDT decision at this point, and the patient may require further therapy or social care input prior to an MDT agreement and therefore not a reportable Delayed Transfer of Care delay. (TDA, 2015)*

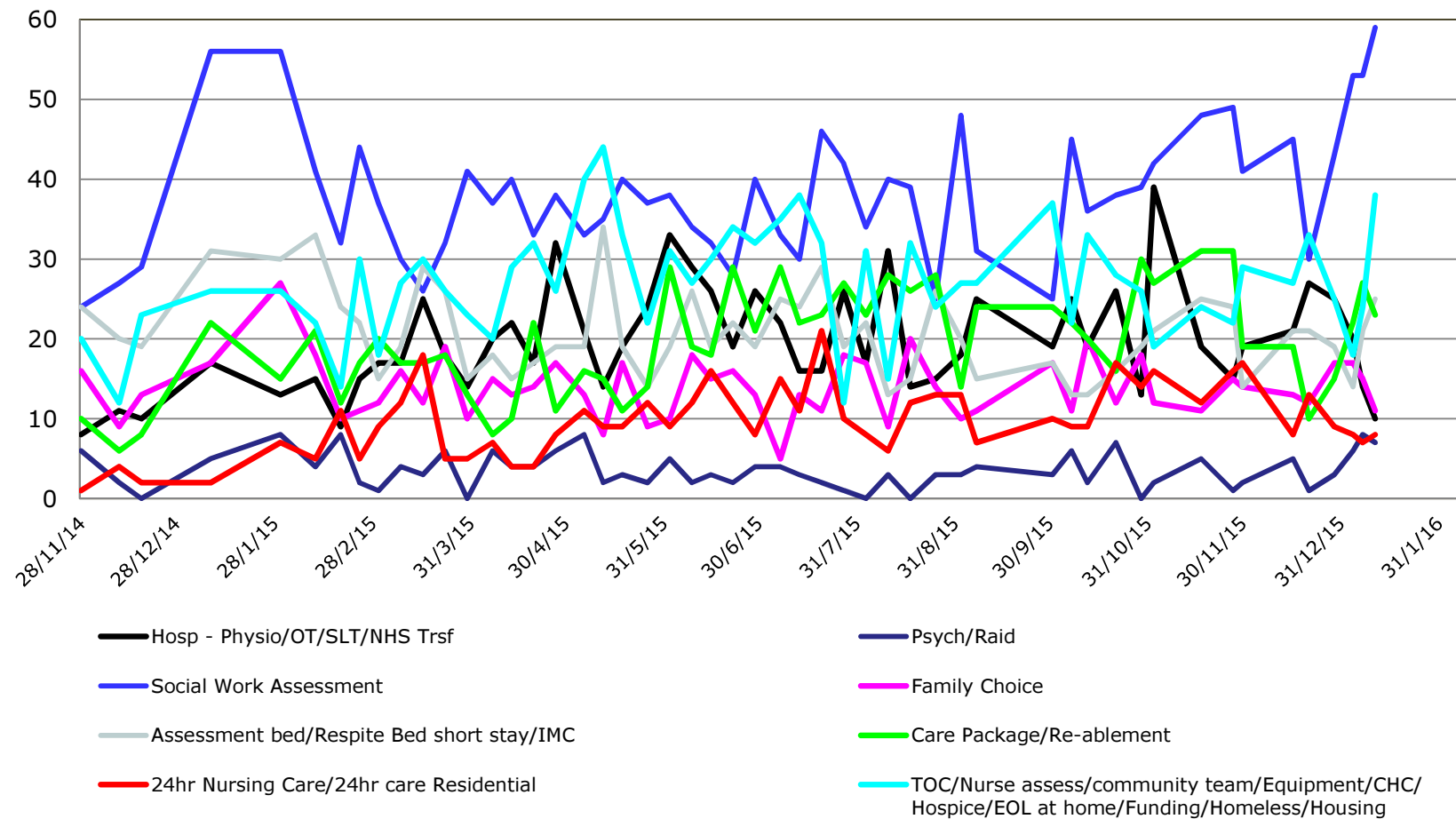
Within the currently local health economy PAHT produce a daily list of patients deemed as Medically Fit For Discharge (MFFD). The MFFD list of patients is not the DTOC list of patients, this can cause some confusion in the system. Many patients on the MFFD list are within the normal discharge process, awaiting assessments, MDTs, family arrangements, pharmacy etc.....

# MFFD for Pennine Acute



# Reasons for MFFD delays

Delays analysis



# MFFD Reasons

- Over the Christmas period there has been an increase in patients reported to be waiting for social work assessment, as stated previously this can be patients' who have had their assessments started but are waiting information from other disciplines.
- Increase in the number of people awaiting continuing Health care screening and transfer to community teams
- Those people waiting to go into residential and nursing care has reduced.
- The Mental Capacity Act can also delay MFFD patients, when a individual is deemed not to have capacity it is unlawful for us to arrange them to be moved without a best interest meeting. This can sometimes add to delays for people.

# Recovery Plan

- There is no one single project designed to improve this situation for Bury but rather a range of initiatives which are described below. The actions required to improve this situation cut across a range of organisations, systems and processes. The following summarises current and planned actions:
- **Bury Urgent Care Partnership Group**  
Despite DTOC not being a high priority for other NES CCGs the recently redesigned Bury Urgent Care Partnership has agreed that DTOC needs to be one for the priority areas for focus. As such this report and other supporting information will be discussed at the meeting of the group. The group will receive monthly monitoring data and review/recommend possible further solutions.
- **Further Data Collection Review**  
There is to be a further review of data collection at FGH and an exploration of the delayed discharge days reported for Bury patients on the North Manchester site.
- **Deeper Local Dive into the National Data Categories**  
The Bury Urgent Care Partnership Group will perform a deep dive with providers into the 10 recorded categories for delayed discharge days
- **Discharge Tracker**  
PAHT, BARDOC and the Local Authority are piloting a discharge tracker system for a few wards on the FGH site. The aim being to develop a method of patient stratification that all agencies can agree on, generating a real time tracking system.
- **The NES Discharge Group** is co-ordinating a range of 'Discharge To Assess' (D2A) measures at each PAHT to improve and speed up discharge processes. From a hospital/Bury perspective all Bury and HMR patients whose projected delay in discharge is more than 2 days will be transferred from Oldham and North Manchester to Fairfield.

# Additional System Capacity

- A range of schemes supported funded through SRG monies to increase capacity, speed up discharge processes and reduce NELs admissions as well as seeking to improve performance on 'Awaiting Care Package In Own Home'. Most of these schemes became operational in September/November 2015. These include:
  - - Additional medical staffing
    - Additional re-ablement capacity
    - Additional packages of care
    - Additional IMC capacity
    - Additional social work capacity
- **PAHT internal actions following finding from the Perfect Week Exercise**
- Reviewing Bed Man./Site Man/Escal
- Enhancing Ambulatory Care
- Redesigning Ward Rounds
- Training ward staff on discharge processes
- Reviewing A&E Consultant cover
- Continuing recruitment drive
- Reviewing inter-site transfers
- Reviewing A&E front and Ambulatory Care models to try and reduce the number of NEL admission and create capacity.
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# System recovery plan

- **Community IV**
- NHS Bury CCG are running a 12 month pilot which commenced on 1<sup>st</sup> December 2015 with the current provider of the IV therapy service. The aim is to better understand the level of demand for IV antibiotics within the community. The pilot will enable clinically stable patients who do not require on-going monitoring to be **stepped down** into the community service.
- **Extended Working Hours**
- Bury CCG has committed to extending current EWHs arrangements until 31.3.16 and is in the process of designing an EWHs model for 2016/17 and beyond. It is believed that EWHs in bury has contributed towards the reductions being seen in A&E and attendances and Non Elective Admissions. The correlation is that more Non Elective Admissions are likely to lead DTOCs in a system under pressure.
- **Seven day working for social care**
- The social work service at FGH have commenced seven day working from 17<sup>th</sup> January 2016, this will also facilitate discharges at the weekend.